

DOE/HRE-ID-089

**DOE READING ROOM
DOCUMENT TO BE RELEASED**

T070253

<p>1. Location of Reading Room: Idaho Operations Public Reading Room 1776 Science Center Dr. University Place Idaho Falls, ID 83403</p>	<p>2. Expected Release Date: May 15, 1995</p>		
<p>3. Document Type:</p> <table style="width: 100%;"><tr><td style="width: 40%;"><p><input type="checkbox"/> Letter</p><p><input type="checkbox"/> Memorandum</p><p><input type="checkbox"/> Report</p><p><input type="checkbox"/> Publication</p><p><input checked="" type="checkbox"/> Other (Specify)</p><p>Draft:</p><p>Subject: Standard Practice with integral consent form.</p></td><td style="width: 60%;"><p>a. If letter or memo:</p><p>To:</p><p>From:</p><p>Subject:</p> <p>b. If report:</p><p>Title:</p></td></tr></table>		<p><input type="checkbox"/> Letter</p> <p><input type="checkbox"/> Memorandum</p> <p><input type="checkbox"/> Report</p> <p><input type="checkbox"/> Publication</p> <p><input checked="" type="checkbox"/> Other (Specify)</p> <p>Draft:</p> <p>Subject: Standard Practice with integral consent form.</p>	<p>a. If letter or memo:</p> <p>To:</p> <p>From:</p> <p>Subject:</p> <p>b. If report:</p> <p>Title:</p>
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<p>4. Document Date: none given; estimated to be September, 1969</p>	<p>c. If publication:</p> <p>Name:</p> <p>Volume:</p> <p>Issue:</p>		
<p>5. Summary (2-3 lines indicating the major subject(s) of the document): A DRAFT Standard Practice applicable "to all INC employees who participate in the Iodine Skin Penetration Experiment". The SP has a "consent" section that is not so identified, nor set apart. This SP is different from the DRAFT SP in Document No. T070252, "Voluntary Consent Form".</p> <p>Although the original is from IDO Chief Counsel's files, there is no indication of transmittal from INC to ID.</p>			
<p>6. Name and telephone number of person completing form:</p> <p>Burton R. Baldwin (208) 525-0203</p>	<p>7. Organization:</p> <p>Lockheed Idaho Technologies Co.</p>	<p>8. Date:</p> <p>March 22, 1995</p>	

☐ Check here if a copy of the document is being sent to Headquarters.

**Public Reading Room
U. S. Department of Energy
Idaho Operations Office**

HUMAN RADIATION EXPERIMENTS

RECORDS PROVENANCE FORM

REPOSITORY NAME	INEL
COLLECTION NAME	OFFICE OF CHIEF COUNSEL SUBJECT FILES
BOX NUMBER	INEL BOX NO. 23399
ADDITIONAL LOCATION INFORMATION	THE BOX IS STORED AT CFA-674-E RECORDS HOLDING AREA, LOCATION, UT6B THE RECORD STORAGE RECEIPT NUMBER IS 2613 FOLDER: SAFETY - 16 IODINE RADIATION EXPERIMENTS
FILE TITLE	IODINE SKIN ABSORPTION EXPERIMENT (DRAFT)
TOTAL PAGES	
BATE NUMBER RANGE	
DOCUMENT NUMBER RANGE	

HEI FORM DOCUMENT NO.: T070050

DOCUMENT NO.: T070253

DOCUMENT TITLE: IODINE SKIN ABSORPTION EXPERIMENT (DRAFT)

CROSS REFERENCES:

ITEMS OF INTEREST:

IODINE SKIN ABSORPTION EXPERIMENT

Purpose

For the individual participating in the Iodine Skin Penetration Experiment to acknowledge that he understands the nature and the purpose of the experiment(s) including the amount of radiation exposure involved. Note the attached form.

Scope

This Standard Practice will apply to all Idaho Nuclear Corporation employees who participate in the Iodine Skin Penetration Experiment.

Objective

To assure that each Idaho Nuclear employee participating in the Iodine Skin Penetration Experiment understands the nature and the purpose of the experiment(s) as well as ~~potential~~ exposures to radiation associated with the experiment(s), and that each participant is voluntarily participating in this experiment of his own free will and accord.

Responsibility

It shall be the responsibility of the Health and Safety Services Supervisor to assure that the participant does not receive an excessive exposure of radio-iodine to the thyroid, and that he is fully informed as to the nature, importance and purpose of the experiment, the manner in which it will be conducted and the degree of potential exposure.

The experiments will be conducted under competent medical supervision, presumably by Dr. George Voelz, the AEC Medical Doctor. Exposures will be closely controlled so as not to exceed at any time radiation guide limits

REPOSITORY INEL

COLLECTION OFFICE OF CHIEF COUNSEL SUBJECT FILES
23379, UTGB CFA 674E

BOX No. FILE: SAFETY-IC IODINE RADIATION EXPERIMENT

FOLDER DRAFT OF IODINE SKIN ABSORPTION EXPERIMENT

established by the Federal Radiation Council. The doctor will select participants after personally interviewing all volunteers. He will summarize each interview and file a summary with the volunteer's medical record.

This experiment will involve exposing a small portion of the skin to radio-iodine vapor. The dose to the thyroid from the penetration of the skin by the vapor should not exceed 30 mrem. Based on current administrative controls, this is one-twelfth ($1/12$) of a day's exposure. A whole body count will be made to determine the amount of radio-iodine deposited in the thyroid.

The data from this experiment should contribute to the development of information as to the degree of penetration of iodine through the skin to the thyroid as result of a radio-iodine atmosphere. Participation in this experiment is to be considered within the scope of your employment with Idaho Nuclear Corporation.

Please read and sign the following statement signifying your willingness to participate in this experiment.

I, _____, do hereby acknowledge that I have volunteered as an employee of Idaho Nuclear Corporation to participate in a scientific investigation to be conducted by Idaho Nuclear Corporation. I realize that my participation in the experiment may result in my receiving internally small quantities of the radioisotopes of iodine which will be less than 10% of the radiation guide limits established in the Federal Radiation Council Report No. 1 for occupational radiation exposure. I understand that I will be required to undergo a physical examination under the direction of the Chief of the ID-USAEC Medical Branch, Health and Safety Division, prior to participation in the experiment, and that subsequent examinations will be

required at the discretion of the Chief of the ID-USAEC Medical Branch, Health and Safety Division. I understand that a documented record of these investigations will be on file with both Idaho Nuclear Corporation and the ID Health and Safety offices as part of my occupational exposure and/or medical record.

Witnesses:

_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Employee		Date

	Nuclide Taken	Quantity	Date Taken	T 1/2 eff. days	Chemical Form
Estimated	_____	_____	_____	_____	_____
Observed	_____	_____	_____	_____	_____

Physical Form Route

_____	_____
Chief, Medical Branch	Date
ID-USAEC Health & Safety Division	
_____	_____
Supervisor, Health & Safety Services	Date
Idaho Nuclear Corporation	